

OCT. 2-6 1998

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PTO/SB/21 (12-97)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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SECTOR \$ #3

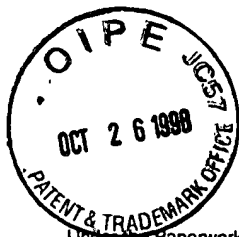
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/105,840	
	Filing Date	June 26, 1998	
	First Named Inventor	David Bill	
	Group Art Unit	2731	
	Examiner Name	Not Assigned	
Total Number of Pages in This Submission	13	Attorney Docket Number	TDS-001

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers (for an Application) <i>copy</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px;">Declaration of Inventor Return postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Steven A. Swernofsky
Signature	<i>SA Swernofsky</i>
Date	Oct. 24 1998

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: Oct 22 1998			
Typed or printed name	Arlette Malhas		
Signature	<i>Arlette Malhas</i>	Date	Oct 22 1998

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



#3

PTO/SB/17 (12-97)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMITTAL <i>Note: Effective October 1, 1997. Patent fees are subject to annual revision.</i>	Complete if Known	
	Application Number	09/105,840
TOTAL AMOUNT OF PAYMENT (\$)	Filing Date	June 26, 1998
	First Named Inventor	David Bill
	Group Art Unit	2731
	Examiner Name	Not Assigned
	Attorney Docket Number	TDS.001

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																									
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: <u>50-0365</u> Deposit Account Name: <u>Steven A. Swernofsky Law Offices</u> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance		3. ADDITIONAL FEES																																																																																																																									
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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Steven A. Swernofsky	Reg. Number	33,040
Signature	<i>AS Swernofsky</i>	Date	Oct. 21, 1998
		Deposit Account User ID	50-0365

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

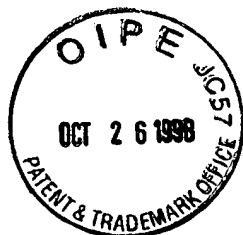
In re Application of:

David Bill

Serial No. 09/105,840

Filed: July 22, 1998

For: Distributing Personalized Content



Art Unit: 2731

Examiner: Not Assigned

Tel:

Notice Mailed: July 22, 1998

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail, in an envelope addressed to:

Assistant Commissioner for Patents
BOX ASSIGNMENT
Washington, D.C. 20231

on October 22, 1998 Arlette Malhas
Date Arlette Malhas

RESPONSE TO NOTICE TO FILE MISSING PARTS

Honorable Assistant Commissioner
for Patents
BOX ASSIGNMENT
Washington, D.C. 20231

Dear Sir:

Responsive to the Notice to File Missing Parts dated July 22, 1998, please find enclosed herewith:

1. Declaration executed by the inventors;
2. Copy of executed assignments by the inventors to assignee Spinner Networks, Inc.;
3. Power of Attorney executed by an officer of assignee Spinner Networks, Inc.;
4. Verified Statement Claiming Small Entity Status;

///

///

5. Check in the amount of \$603 for filing fee and surcharge for assignee as a small entity calculated as follows:

Basic filing fee — Fee Code [101/201]:	\$395
Surcharge — Fee Code [105/205]	\$65
[Any Claims over 20] — Fee Code [103/203]	\$143
[Indep Claims over 3] — Fee Code [102/202]	\$0
<u>TOTAL:</u>	<u>\$603</u>

6. Request for Extension of Time to Respond of One month;

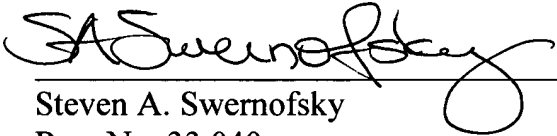
7. Check in the amount of \$55, per Fee Code [116/216], for the Request for Extension of Time;

8. Copy of Notice to File Missing Parts; and

9. Return postcard.

Respectfully submitted,

Dated: Oct. 21, 1998


Steven A. Swernofsky
Reg. No. 33,040

The Law Offices of
Steven A. Swernofsky
P.O. Box 390013
Mountain View, CA 94039-0013
(650) 947-0700



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE
09/105,840	06/26/98	BILL	/TDS-001

0242/0722

STEVEN A GVERNOFKSY
POST OFFICE BOX 390013
MOUNTAIN VIEW CA 94039-0013

NOT ASSIGNED

DATE MAILED:

07/22/98

NOTICE TO FILE MISSING PARTS OF APPLICATION
Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of ☐ \$65.00 for a small entity in compliance with 37 CFR 1.27, or ☒ \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a
☐ small entity (statement filed) ☒ non-small entity is \$ 1,206.00.

☒ 1. The statutory basic filing fee is:

- ☐ missing.
- ☐ insufficient.

Applicant must submit \$ 790.00 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).

☐ 2. Additional claim fees of \$ _____, including any multiple dependent claim fees, are required.

\$ _____ for _____ independent claims over 3.

\$ 286.00 for 13 dependent claims over 20.

\$ _____ for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

☐ 3. The oath or declaration:

- ☐ is missing or unexecuted.
- ☐ does not cover the newly submitted items.
- ☐ does not identify the application to which it applies.
- ☐ does not include the city and state or foreign country of applicant's residence.

An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.

☐ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.24(m)).

10/28/1998 ~~XXXXXXXXXX~~ in error because your check was returned without payment.

☐ 8. The application does not comply with the Sequence Rules.

01 FC:201 See attached "Notice to Comply with Sequence Rules 37 CFR 1.821-1.825."

02 FC:203 143.00

03 FC:209 OTHER: 65.00

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

A copy of this notice MUST be returned with the reply.

Customer Service Center
Initial Patent Examination Division (702) 308-1202